

ELECTRONIC REPORTER TRANSMITTAL

Totals of Records Included

Check one:  
☐ Transaction Report  
☐ Late Reported Earnings

☐ Annual Report

Employer Identification No.  
69-036-

Employer Name

Report Date

Employment Category	CALENDAR YEAR-TO-DATE				EMPLOYEE PAID CONTRIBUTIONS				ADDITIONAL CONTRIBUTIONS							
	Earnings			Hours of Service	Employe Required Contribution		Benefit Adjustment Contribution		Employee Paid				Employer Paid			
	Dollars	Cents			Dollars	Cents	Dollars	Cents	Fixed Dollars	Cents	Variable Dollars	Cents	Fixed Dollars	Cents	Variable Dollars	Cents
00, 01 (Includes 12)																
02 (Includes 05, 06, 07, 08, 09)																
03																
04																
10																

TEACHERS  
FISCAL YEAR

Employment Category	1-1-_____ thru 6-30-_____			
	Earnings			Hours of Service
	Dollars	Cents		
10				

TEACHERS ONLY:  
CALENDAR YEAR

ADDITIONAL CONTRIBUTIONS-TAX DEFERRED			
1-1-_____ thru 12-31-_____			
Fixed Dollars	Cents	Variable Dollars	Cents

EDUCATIONAL SUPPORT PERSONNEL  
FISCAL YEAR

Employment Category	1-1-_____ thru 6-30-_____			
	Earnings			Hours of Service
	Dollars	Cents		
12				

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. The totals reported here are the same as those on the magnetic media records.

Employer Agent Signature

Prepared by

Date

Area Code and Telephone No.

D.P. Contact Person

Telephone Number